PATENT ATTORNEY DOCKET: P-8998

UNITED STATES PATENT APPLICATION COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inven	tor I hereby	declare that: my reside	nce, post office address	and citizens	hip are as stated below next to my
I verily believe I am the o below) of the subject matter which ATRIAL PACING THERAPIES	riginal, first a is claimed a	and sole inventor (if only only only only only only only only	one name is listed below) s sought on the invention	or a joint inv entitled: <u>A</u>	ventor (if plural inventors are named UTOMATED REAPPLICATION OF
The specification of which ⊠ is attached hereto □ was filed on described and claimed in internation patent.	_application nal no file	serial now ed and as amended o	as amended on (if ap n (if any), which I have	olicable) (in reviewed ar	the case of a PCT-filed application) nd for which I solicit a United States
I hereby state that I have reviewed amendment referred to above.	and unders	stand the contents of the	above-identified specific	ation, includ	ng the claims, as amended by any
I acknowledge the duty to disclose Regulations, §1.56(a).1	information v	vhich is material to the ex	amination of this applica	ion in accord	dance with Title 37, Code of Federal
I hereby claim foreign priority benef listed below and have also identif application on the basis of which pri	ied below a	ny foreign application fo	e, §119/365 of any foreign r patent or inventor's ce	n application rtificate havi	(s) for patent of inventor's certificate ng a filing date before that of the
☑ no such applications h ☐ such applications have					
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^{§ 1.56} Duty of disclosure; fraud, striking or rejection of applications.

⁽a) A duty of candor and good faith toward the Patent and Trademark Office rests on the inventor, on each attorney or agent who prepares or prosecutes the application and on every other individual who is substantively involved in the preparation or prosecution of the application and who is associated with the inventor, with the assignee or with anyone to whom there is an obligation to assign the application. All such individuals have a duty to disclose to the Office information they are aware of which is material to the examination of the application. Such information is material where there is substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent. The duty is commensurate with the degree of involvement in the preparation or prosecution of the application.





I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith:

Stephen W. Bauer	Reg. No. 32,192	Harold R. Patton	Reg. No. 22,157
Thomas G. Berry	Reg. No. 31,736	Michael C. Soldner	Reg. No. 41,455
Kenneth J. Collier	Reg. No. 34,982	Eric R. Waldkoetter	Reg. No. 36,713
Curtis D. Kinghorn	Reg. No. 33,926	Girma Wolde-Michael	Reg. No. 30,724
Daniel W. Latham	Reg. No. 30,401	Thomas F. Woods	Reg. No. 36,726
Beth L. McMahon	Reg. No. 41,987		

Please direct all correspondence in this case to: Girma Wolde-Michael.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

MINNESOTA Residence & CITY Residence & CITY MINNEAPOLIS Post Office Address 3836 PILLSBURY AVENUE SOUTH MINNEAPOLIS Full Name of Inventor RAHUL Residence & CITY Residence & CITY STATE/ZIP/COUNTRY MINNEAPOLIS MINNEAPOLIS MINNEAPOLIS MINNEAPOLIS DATE: Pull Name of Inventor RAHUL Residence & CITY STATE/ZIP/COUNTRY MINNESOTA MEHRA CITY STATE OR FOREIGN COUNTRY COUNTRY of CITIZENSHIP MEHRA COUNTRY of CITIZENSHIP MINNESOTA US STATE OR FOREIGN COUNTRY MINNESOTA US STATE/ZIP/COUNTRY MINNESOTA US STATE/ZIP/COUNTRY MINNESOTA STATE/ZIP/COUNTRY MINNESOTA/55082-1071/US SIGNATURE OF INVENTOR 202: DATE: Full Name of Inventor EDUARDO N. MIDDLE INITIAL LAST NAME MINNESOTA/55082-1071/US DATE: COUNTRY of CITIZENSHIP MINNESOTA/55082-1071/US STATE/ZIP/COUNTRY MINNESOTA/5TA/FINAME MEHRA CITY MINNESOTA/5TA/FINAME MEHRA CITY MINNESOTA/5TA/FINAME MEHRA C		Full Name of	FIRST NAME	MIDDLE INITIAL	LAST NAME
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Inventor RAHUL STATE OR FOREIGN COUNTRY COUNTRY of CITIZENSHIP	SIGNA	ATURE OF INVE	NTOR 201:		DATE:
Inventor RAHUL STATE OR FOREIGN COUNTRY COUNTRY of CITIZENSHIP					
Residence & CITY STATE OR FOREIGN COUNTRY COUNTRY of CITIZENSHIP		Full Name of	FIRST NAME	MIDDLE INITIAL	LAST NAME
Residence & CITY STATE OR FOREIGN COUNTRY COUNTRY of CITIZENSHIP US Post Office Address 4980 NEAL AVENUE NORTH STILLWATER Full Name of Inventor EDUARDO N. WARMAN Residence & CITY STATE/ZIP/COUNTRY MINNESOTA/55082-1071/US MIDDLE INITIAL LAST NAME EDUARDO N. WARMAN Residence & CITY STATE OR FOREIGN COUNTRY MINNESOTA/55082-1071/US SIGNATURE OF INVENTOR 202: Post Office Address CITY STATE OR FOREIGN COUNTRY COUNTRY of CITIZENSHIP US Post Office Address CITY STATE OR FOREIGN COUNTRY STATE/ZIP/COUNTRY	2				MEHRA
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SIGNATURE OF INVENTOR 202: Full Name of Inventor FIRST NAME MIDDLE INITIAL LAST NAME WARMAN		Post Office	POST OFFICE ADDRESS	CITY	STATE/ZIP/COUNTRY
Full Name of Inventor Post Office Address Full Name of Inventor FIRST NAME MIDDLE INITIAL N. MIDDLE INITIAL N. WARMAN WARMAN CITY MAPLE GROVE POST OFFICE ADDRESS CITY STATE OR FOREIGN COUNTRY MINNESOTA US STATE/ZIP/COUNTRY		Address	4980 NEAL AVENUE NORTH	STILLWATER	MINNESOTA/55082-1071/US
2 Inventor EDUARDO N. WARMAN 0 Residence & CITY STATE OR FOREIGN COUNTRY COUNTRY of CITIZENSHIP MAPLE GROVE MINNESOTA US Post Office Address POST OFFICE ADDRESS CITY STATE/ZIP/COUNTRY	SIGNA	ATURE OF INVE	NTOR 202:		DATE:
2 Inventor EDUARDO N. WARMAN 0 Residence & CITY STATE OR FOREIGN COUNTRY COUNTRY of CITIZENSHIP MAPLE GROVE MINNESOTA US Post Office Address POST OFFICE ADDRESS CITY STATE/ZIP/COUNTRY					
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Citizenship MAPLE GROVE MINNESOTA US Post Office Address CITY STATE/ZIP/COUNTRY	2	Inventor	EDUARDO	N	WARMAN
Post Office POST OFFICE ADDRESS CITY STATE/ZIP/COUNTRY	o	Residence &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY of CITIZENSHIP
Address	3	Citizenship	MAPLE GROVE	MINNESOTA	US
Address 10949 PHEASANT LANE NORTH MAPLE GROVE MINNESOTA/55369/US		Post Office	POST OFFICE ADDRESS	CITY	STATE/ZIP/COUNTRY
		Address	10949 PHEASANT LANE NORTH	MAPLE GROVE	MINNESOTA/55369/US

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Full Name of	FIRST NAME	MIDDLE INITIAL	LAST NAME
Inventor	MARK	L.	BROWN
Residence &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY of CITIZENSHIP
Citizenship	NORTH OAKS	MINNESOTA	US
Post Office	POST OFFICE ADDRESS	CITY	STATE/ZIP/COUNTRY
Address	10 BUFFALO ROAD	NORTH OAKS	MINNESOTA/55127/US
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